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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. ARV-002

First Inventor Takashi KADOWAKI

Title ADIPONECTIN RECEPTOR AND GENE
ENCODING THE SAME

Express Mail Label No. EV 377 653 157 US

10270 U.S. PTO
10/789943

031104

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. Applicant claims small entity status.
See 37 CFR 1.27.

3. Specification [Total Pages 77]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

4. Drawing(s) (35 U.S.C. 113) [Total Sheets 39]

5. Oath or Declaration [Total Sheets]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

MS Patent Application
ADDRESS TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 a. Computer Readable Form (CRF)
 b. Specification Sequence Listing on:
 i. CD-ROM or CD-R (2 copies); or ii. Paper
 c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)

11. English Translation Document (if applicable)

12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent.

17. Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: PCT/JP03/07515

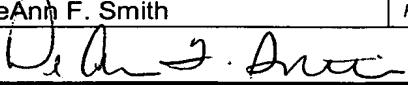
Prior application information: Examiner Not Yet Assigned Art Unit: N/A

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

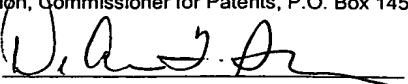
 Customer Number: 00959 OR Correspondence address below

Name	LAHIVE & COCKFIELD, LLP DeAnn F. Smith				
Address	28 State Street				
City	Boston	State	MA	Zip Code	02109
Country	US	Telephone	(617) 227-7400		Fax (617) 742-4214

Name (Print/Type)	DeAnn F. Smith	Registration No. (Attorney/Agent)	36,683
Signature		Date	March 11, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377 653 157 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 11, 2004

Signature:  (DeAnn F. Smith)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,060.00)
Complete if Known

Application Number	NEW APPLICATION
Filing Date	Concurrently Herewith
First Named Inventor	Takashi KADOWAKI
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	ARV-002

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None

 Deposit Account:

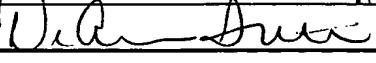
Deposit Account Number	12-0080
Deposit Account Name	Lahive & Cockfield, LLP

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge – late filing fee or oath
1052	50	2052	25 Surcharge – late provisional filing fee or cover sheet.
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	2,010	2255	1,005 Extension for reply within fifth month
1401	330	2401	165 Notice of Appeal
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive – unavoidable
1453	1,330	2453	665 Petition to revive - unintentional
1501	1,330	2501	665 Utility issue fee (or reissue)
1502	480	2502	240 Design issue fee
Total Claims	10	-20** =	0.00
Independent Claims	1	-3** =	0.00
Multiple Dependent		290.00	290.00
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Description	
1202	18	2202 9 Claims in excess of 20	
1201	86	2201 43 Independent claims in excess of 3	
1203	290	2203 145 Multiple dependent claim, if not paid	
1204	86	2204 43 ** Reissue independent claims over original patent	
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)	(\$ 290.00)		
*Reduced by Basic Filing Fee Paid			
			SUBTOTAL (3) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	DeAnn F. Smith	Registration No. (Attorney/Agent)	36,683	Telephone (617) 227-7400
Signature			Date	March 11, 2004

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